

26490

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPT. OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

FILED AUG 25 1941

Registration District No. 907

Primary Registration District No. 4548

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mansfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At home of Gene Dickson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 64 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County Wright

(c) City or town Grovesprings rural
(If outside city or town limits, write "RURAL")

(d) Street No. 7 Mi. East Grovesprings
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME RENA THORNHILL HIGHTOWER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Epathero D. Hightower 6. (c) Age of husband or wife if alive 65 yrs. years

7. Birth date of deceased. JAN 8 1977
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>7</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Wright Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Henderson Claxton

13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name NANCY JANNE MARTIN

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bessie Emerson
(b) Address Maconb Mrs #8

17. (a) Burial (b) Date thereof AUG. 11 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Durbin Cem.

18. (a) Signature of funeral director Gene C. Holden
(b) Address Hartsville, Mo.

19. (a) Aug. 12, 1941 (b) J. M. D. Short
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8
year 1941 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from Aug 8, 1941, to Aug 9, 1941, that I last saw her alive on Aug 9, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Death Melib

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____
23. Signature J. A. Fuson (M. D. or other) _____
Address Mansfield, Mo. Date signed Aug 9 41

Duration 40.5 hr.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1961 82 5007

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Gene E. Holdren
Licensed Embalmer No. 3865
P. O. Address Hartsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26490

Registration District No. 907

Primary Registration District No. 4548

Registrar's No. 10

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town mansfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ch home of Gen. Dickson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Grovespring Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 7 mi E of Grovespring
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Rena G. Hightower

3. (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 64 Months _____ Days _____ (if less than one day) min. _____

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) Sept 20, 1941 (b) J. D. Short
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

1974